

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/672,368
		Filing Date	September 28, 2000
		First Named Inventor	Francis X. McKeen
		Art Unit	2134
		Examiner Name	Ho, Thomas M.
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P9575

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Facsimile Cover Sheet </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Thomas Coester</i>
Date	June 7, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Nadya Gordon		
Signature	<i>Nadya Gordon</i>	Date	June 7, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number 09/672,368	Filing Date September 28, 2000
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		First Named Inventor Francis X. McKeen	Examiner Name Ho, Thomas M.
TOTAL AMOUNT OF PAYMENT (\$) 0.00		Art Unit 2134	Attorney Docket No. 42390P9575

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☒ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
30	20*	50.00	\$0.00
Independent Claims	6	200.00	\$0.00
Multiple Dependent			

Large Entity Fee Code (\$)
 1202 50
 1201 200
 1203 380
 1204 300
 1205 300

Small Entity Fee Code (\$)
 2202 20
 2201 100
 2203 180
 2204 150
 2205 150

Fee Description:
 Claims in excess of 20
 Independent claims in excess of 3
 Multiple Dependent claim, if not paid
 **Reissue independent claims over original patent
 ***Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$)
 0.00

2. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2251 60	Extension for reply within first month	
1252 450	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,590	2254 795	Extension for reply within fourth month	
1255 2,160	2255 1,080	Extension for reply within fifth month	
1401 600	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 500	Request for oral hearing	
1451 1,810	2451 1,510	Petition to institute a public use proceeding	
1460 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(c)	
1808 180	1808 180	Submission of Information Disclosure Sheet	
1809 750	1809 385	Filing a submission after final rejection (37 CFR § 1.129(e))	
1810 750	2810 295	For each additional invention to be examined (37 CFR § 1.129(b))	

SUBTOTAL (2) (\$)
 0.00

Other fee (specify): _____

SUBMITTED BY

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature	<i>Thomas Coester</i>	Date	06/07/05		

Based on PTO/58B/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/672,368
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First Named Inventor	Francis X. McKeen
Examiner Name	Ho, Thomas M.
Art Unit	2134
Attorney Docket No.	42390P9575

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
30	20	50.00	\$0.00
Independent Claims	3	200.00	\$0.00
Multiple Dependent			

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	350	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	Release Independent claims over original patent
1205	300	2205	150	Release claims in excess of 20 and over original patent

SUBTOTAL (1)

(\$)

0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	600	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1450	130	2450	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	750	1809	395	Filing a submission after final rejection (37 CFR § 1.129(e))
1810	750	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature	<i>Thomas Coester</i>	Date	06/07/05		

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